



Bib Data Sheet



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 Washington, D.C. 20231

SERIAL NUMBER 09/154,903	FILING DATE 09/17/1998 RULE	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 2836-B
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APPLICANTS

DAVID H. LYNCH, BAINBRIDGE ISLAND, WA ;
 LUIS BORGES, SEATTLE, WA ;
 ROBERT MILLER, EVERETT, WA ;
 CHARLES R. MALISZEWSKI, SEATTLE, WA ;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 08/725,540 10/03/1996 ABN
 WHICH IS A CIP OF 08/539,142 10/04/1995 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**
**** 09/30/1998**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING -	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

JANIS C HENRY
 IMMUNEX CORPORATION
 LAW DEPARTMENT
 51 UNIVERSITY STREET
 SEATTLE ,WA 98101

TITLE

DENDRITIC CELL PREPARATIONS

FILING FEE RECEIVED 1248	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/154,903	09/17/98	435	1644	2836-B

APPLICANT DAVID H. LYNCH, BAINBRIDGE ISLAND, WA; LUIS BORGES, SEATTLE, WA; ROBERT MILLER, EVERETT, WA; CHARLES R. MALISZEWSKI, SEATTLE, WA.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CIP OF 08/725,540 10/03/96
WHICH IS A CIP OF 08/539,142 10/04/95

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 09/30/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	Sheets Drawing 0	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 7
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

JANIS C HENRY
IMMUNEX CORPORATION
LAW DEPARTMENT
51 UNIVERSITY STREET
SEATTLE WA 98101

TITLE

DENDRITIC CELL STIMULATORY FACTOR

FILING FEE RECEIVED \$1,248	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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